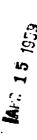
ealth,		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		59-011916			
Welfore ublic ervice	FLED APR 14 1959	TIANDARD CERTIFICA		STATE FILE NUMBER  Registrar's No. 20			
⊃້ອ 300	1. PLACE OF DEATH  a COUNTY STE. GENEVIEUE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE  MISSOUR; b. COUNTY  COUNTY				
-57	b. CITY (If outside corporate limits, give OR TOWN BEAUVIOS	TOWNSHIP only) Inside Limits Yes \( \text{No } \text{A} \)	c. CITY OR TOWN ST MA.	x4's 0958	Inside Limits Yes⊡ No. [2]		
c	c. FULL NAME OF (If NOT in hospital, gi HOSPITAL OR INSTITUTION -> 7 MARYS S.	1 (1)	d. STREET ADDRESS	(If outside, give location) ROUPE	Reside on Form Yes [X] No []		
	3. NAME OF DECEASED First (Type or print)	Middle	Last	4. DATE Month	Day Year		
	Jo # N	LEORGE	BUEHLER	DEATH APRIL	1959		
	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.		
	MALL WATTE	WIDOWED 2 DIVORCED	MAY 14 1872	86			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of	0 (	EN OF WHAT COUNTRY?		
	FARMER  130. FATHER'S NAME	136. MOTHER'S MAIDEN NA	AME GENEVIE	14. NAME OF HUSBAND OR WIF	<u> </u>		
	HERMAN BUENLA	EN AMERIA	ROTH	ATHERINE A A	IN ROTH		
POSSIBLE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Joseph Buehle St. Ivosy; We ster Route						
TE IF PO	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) A LEVIS SCLED T'C NEAR DESCRIPTION ONSET AND DEATH  3 WKs.						
TYPEWRE	Conditions, if any, DUE TO (b) Generalized arterio scleros is whefinite						
BON TY	which gave rise to above cause (a), stating the under- lying cause last.  DUE TO (c)				<i>V</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in F					19. WAS AUTOPSY PERFORMED?		
relat OR	200. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCC	CURRED (Feature of injury in	4 260	YES NO C		
ousally (CK IN		200. DESCRIBE HOW INSUR! OCC	CORRED. (Enter liable of injuly in	TAKITOT AKI HOTHANI			
st be c LY BL/	20c. TIME OF Hour Month, Day, Year INJURY a.m.						
Part I mu USE ONI	20d. INJURY OCCURRED VALUE OF INJURY (e.g., in or about home, WHILE AT NOT WHILE AT WORK AT WORK AT WORK OF AT						
.5	21. I attended the deceased from Fels. 1959., to Usul 5/59 and last saw him alive an Usul 5, 1959.  Death occurred at						
All diseases	223 SIGNATURE The	Hewitz mo	ST. Was	no Mo.	22c. DATE SIGNED 4/13/59.		
-	30. BUNAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR		A BON (City, town, or county)	(State)		
,	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. PEGISTRAPS SIGNATURE						
	Les a Back Ste Stevenene his april 5, 1959 Smille Barles (Licensed Embelmor's Stevenent on Roverse Side)						
	(Licensed Embdimer's addressed and Neverse Aide)						



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision.	and Steller

Licensed Embalmer No. 4.

P. O. Address Se Lleuver

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Signature of Student Embalmer